

2837

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/007,955
		Filing Date	December 7, 2001
		First Named Inventor	Abbas Arian
		Art Unit	2837
		Examiner Name	S. Y. Hsieh
Total Number of Pages in This Submission	12	Attorney Docket Number	1391-27000 DVF

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

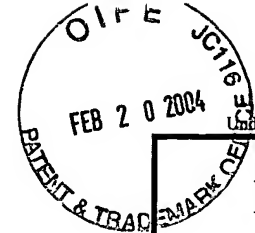
Firm Or Individual Name	DEREK V. FORINASH
Signature	
Date	February 17, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Non-Fee Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or Printed Name	M. A. CRABTREE		
Signature		Date	February 17, 2004

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FEE TRANSMITTAL For FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$ 00.00

Complete if Known

Application Number	10/007,955
Filing Date	December 7, 2001
First Named Inventor	Abbas Arian
Examiner Name	S. Y. Hsieh
Art Unit	2837
Attorney Docket No.	1391-27000 DVF

METHOD OF PAYMENT (Check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
Deposit Account Number: 03-2769
Deposit Account Name: Conley Rose, P.C.

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account
☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1001	770	2001	385	Utility filing fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$00.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims		Fee from below		Fee Paid	
Total Claims	26	26**	= 0 x	18.00	=	\$ 00.00	
Independent Claims	8	3**	= 0 x	86.00	=	\$ 00.00	
Multiple Dependent				290.00	=	\$ 00.00	

Large Entity		Small Entity		Fee Description
Fee	Code (\$)	Fee	Code (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$00.00

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) DEREK V. FORINASH

Registration No.
(Attorney/Agent)

47,231

Telephone

(713) 238-8000

Signature

Date

February 17, 2004

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS:	Abbas Arian and	§	ART UNIT: 2837
	Randall Jones	§	
		§	
SERIAL NO.:	10/007,955	§	
		§	EXAMINER:
FILED:	December 7, 2001	§	S. Y. HSIEH
		§	
FOR:	Wideband Isolator for	§	CONFIRMATION NO.: 3449
	Acoustic Tools	§	

Customer No.: 23505
Atty. Dkt. No.: 1391-27000
Client Ref. No.: 2000-IP-004077
Date: February 17, 2004

RESPONSE TO OFFICE ACTION DATED DECEMBER 23, 2003

Mail Stop Non-Fee Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

This paper is filed in response to the Office Action dated December 23, 2003. The Examiner is requested to enter the following proposed amendments.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 7 of this paper.